



CITY OF SOMERVILLE, MASSACHUSETTS  
OFFICE OF STRATEGIC PLANNING & COMMUNITY DEVELOPMENT  
JOSEPH A. CURTATONE  
MAYOR

*DIVISION OF INSPECTIONAL SERVICES*

*BUILDING DEPARTMENT*

I, Kelly A Como, as Keeper of the Records for the City of Somerville, Mayors Office of Strategic Planning and Community Development, Inspectional Services Division, hereby certify that the documents herewith are true and accurate copies of documents in the custody of the Inspectional Services Division relative to the following property:

688 BROADWAY  
3 copies

Signed under the pains and penalties of perjury, this 25 day of NOV, 20 11.

Kelly A Como  
Signature

KELLY A COMO  
Print Name







**CITY OF SOMERVILLE**  
**DIVISION OF INSPECTIONAL SERVICES**

APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR  
IN ACCORDANCE WITH SECTION 110.0  
OF THE MASSACHUSETTS STATE BUILDING CODE  
PLEASE TYPE OR PRINT CLEARLY IN INK

OR # 818 \$600.00 Bldg

FOR OFFICE USE ONLY  
FEE: 2400.00  
DATE REC'D: 4-24-07  
ACCEPTED BY: PTH  
DATE ISSUED: 5-29-07  
DATE DENIED:  
PERMIT NO: BP#07-601

1. LOCATION OF PROPERTY (NO. AND STREET)		1188 Broadway		MAP 27	BLOCK 2	LOT 2
2. NAME AND ADDRESS OF PROPERTY OWNER		Thomas J. Riello				
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER		Sam E. Massis				
REGISTRATION NUMBER		36094		TELEPHONE		
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER		Thomas P. Sullivan		TELEPHONE 978 617 3045625		
CONST. SUPER. LIC. NO. 080343		I.L.C. REG. NO.		SIGNATURE (REQ'D) [Signature]		
5. ZONING DIST. CBD	TYPE OF PERMIT:		<input type="checkbox"/> NEW	<input type="checkbox"/> ADDITION	<input type="checkbox"/> CERTIFICATE OF OCCUPANCY	
6. WARD 5			<input checked="" type="checkbox"/> REPAIR	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER	
7. CURRENT USE(S) Restaurant		PROPOSED USE(S) Restaurant				
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS		USE GROUP				
9. ESTIMATED CONSTRUCTION COST \$156,000.00		Based on Cost				
10. WHAT IS THE CONSTRUCTION TYPE?		PLANS SUBMITTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
11. LOT DIMENSIONS	AREA	FRONT YARD	REAR YARD	RIGHT SIDE	LEFT SIDE	
12. PROPOSED SETBACKS		FRONT YARD	REAR YARD	RIGHT SIDE	LEFT SIDE	
13. HEIGHT OF STRUCTURE (FT.)	TOTAL SQUARE FOOTAGE		NUMBER OF STORIES			
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER						
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, GIVE COMMISSION APPROVAL DATE				
16. WASTE DISPOSAL COMPANY		Woolman & Sons DISPOSAL SITE ADDRESS				
17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				

**DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION**  
(DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)

Replace front porch with Insulated Safety Glazing  
Repair all Roof Damage + Replace H.V.A.C. Unit  
Replace Rear Exterior Metal Door (Door + Damage)  
Seal all fire damage with Lutz for color control  
Tear out Subcell, Bathroom, Map Room, Storage  
partition + partition Partition  
Wallboard all above with Fire Code wallboard + Dry  
Gest plaster + all Fire walls 2 courses of Board  
Installation of H.V.A.C. + Vent. System  
All Electrical + Plumbing permits by others

ARE THE FOLLOWING INCLUDED?

YES NO

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO  
THE BEST OF MY KNOWLEDGE

